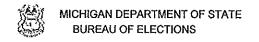
## Reid N 10/27/2014 3:18 pm st

### COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and	id signed by candidate.	3. This Statement covers:	om 7/21/14 to 10/20/14		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
150 470		COZAD	DAVID C.		
, ,		4a. Office Sought Including Di	strict # or Community Served (If applicable)		
2. Committee Name	•			0	
COUNTREE TO ELECT	•				
DAVID COZAD	00.0	4b. County of Residence			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
2037 BRIAR DR.		LATHY	J. COZAD		
BAY CITY, MI 487	706	2037 BRIAR DR.			
	,	BAY CITY, MI 48706			
Area Code and Phone (989)684-79	147	Day Civily Mill 10.			
If the address in this box is different from the comm	nittee	12:21:11 / 22:12			
mailing address on the Statement of Organization, be sent to this address by the filing official.	maii may	Area Code & Phone (989) 684-7-947			
7. Treasurer's Business Address		Designated Record Keeper     Designated Record Keeper)	r's Name and Mailing Address (If the committee has a		
2037 BRIAR DR.		Designated Record Reeper)			
BAY CITY, MI 48706	6				
Area Code and Phone (989) 684-79	747				
1	<u> </u>	Area Code and Phone	1 9e.		
9. TYPE OF STATEMENT	Required ON	LY if candidate			
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,	- 1	
Primary	July Quart	erly	owes no lates fees or has any outstanding debt.		
General	Cotober Q	uarterly	Further, if the dissolution cannot be granted, that this be		
Convention		•	considered a request for the Reporting Waiver.	;	
Special	9c. 🗀 .				
	Annua	Statement () Coverage Year	Effective date of dissolution		
School	Δmenr	Iment to Campaign Statement			
Caucus	(Comp	lete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported or		
	indicat	e which Statement is being ed.)	Schedule 1B and the Summary Page.	.	
Date of Election, Convention or Caucus		,			
Date of Election, Convention of Caucus					
0.776					
10. Verification: IWe certify that all reasonable dilige	ence was used i	the preparation of this stateme	ent and attached schedules (if any) and to the best of	$\dashv$	
my\our knowledge and belief the contents are true, a	accurate and co	mplete.			
Current Treasurer or Designated Record Keeper	COZAD	Kalle In	and 15/26/111:	İ	
Type or Print Name		Signature /	Date		
~		(1) - X/1,	. / / ,		
Candidate DAVID C. Coz.	AD	, selles year	Date 10/26/14		
Type or Print Name		Signature 🕖			

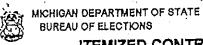


1. Committee I.D. Number 150 470

## SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DAVID COTAL

CANDIDA I L COMMINIT I EL			<del></del>
RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions		This Penou	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	Ø	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	Ø	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	,	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures		. 4	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$		
(Add Line 10a + Line 10b)	(44 \ <b>¢</b>		(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations			(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	1,900.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
	BALANCE	STATEMENT	
13. Ending Balance of last report filed	(13.) \$	5.85	
(Enter zero if no previous reports have been filed.)		Ø	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	.5.85	
<ol> <li>Amount expended during reporting period (Add lines 9 and 11)</li> </ol>	(16.) - \$	Ø	
17. ENDING BALANCE		5.85 ×	_
(Subtract line 16 from line 15)	(17.) \$	<u> </u>	
			· ·



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

Committee I.D. Number	150	470	

2. Committee Name COMMITTEE TO ELECT DAVID COZA

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through data of receipt)	
3. Contribution # 1	PAC Receipt?	YES 4. Date of R	ecelpt	•		
Name & Address:			,			
	$\lambda / 2$	ONE			•	
	/ \/(	J/V C		\$	_ \	
5. If over \$100.00 cum	ulative, please pro	yide:	•	Click Here	for Memo Itemization	
Occupation	<del>. , </del>	_ Employer				
Business Address		- market -	<del></del>			
Type of Contribution:	Direct	Loan from a person	Fund Raiser			
3. Contribution #2	PAC Receipt?	YES 4, Date of R	ecelpt			
Name & Address		<del></del>				
٠.						
·	· •			\$	_, \$	
				Click Here	for Memo Itemization	
<ol> <li>if over \$100,00 cum.</li> </ol>		•		CHORTHOTO	101 Highlia Hallings	
Occupation	······································	Employer				
Business Address	<del></del>					
Type of Contribution:	Direct	Loan from a person	Fund Ralser		·	
3. Contribution #3	PAC Receipt?	YES 4. Date of F	Receipt	_		
Name & Address:						
	•			\$	\$	
				<del></del>		
5. If over \$100.00 cumu	ilative, please pro	vide:		Click Here	for Memo Itemization	
	,		<u></u>			
•	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser			
3. Contribution # 4	PAC Receipt?	YES 4. Date of	Receipt			
Name & Address	, , , , , , , , , , , , , , , , , , , ,					
				\$	_ \$	
5. If over \$100.00 cumu	itative, please pro	vide:		Click Here	for Memo Itemization	
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Raiser	•		
1354 At ANIMANNIE	DIRACI	- Jean Hall & Paraca		1 0		
	÷			-/-/-	<del></del>	
•		(C	Grand Total of All Schedules 1A omplete on last page of Schedule		ر ا	
1 /				line 3a of Summa Page.		
D				LaSa.		



Expenditure #1

☐ Fund Raiser

Expenditure #2

☐ Fund Raiser

Expenditure #3

☐ Fund Raiser

Expenditure #4 .

Name Address

Name

Address

Name

Address

Fund Raiser
Expenditure #5

☐ Fund Raiser

Name Address

Name Address

## MICHIGAN DEPARTMENT OF STATE Bureau of Elections

# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

3. Name and address of person or vendor to whom paid

	150 1/20		
	ommittee I. D. Number 150 470	T DAV	ID COZAD
2. Co	ommittee Name COMMITTEE To ELEC 4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
	Purpose:		
	Expenditure Code		
	Check box if this expenditure is payment of debt or obligation reported on previous statement	-	
	Purpose:		
	Expenditure Code		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Purpose:		·
	Expenditure Code		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Purpose:		
	Expenditure Code		
-	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Purpose:		3
	Expenditure Code		

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)

☐ Check box if this expenditure is payment

statement

of debt or obligation reported on previous

Ø .

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page \_\_\_\_of \_\_\_\_

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

4/5



## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 150 470

SCHEDULE 1E	Manager .		7011	/ - 40
CANDIDATE COMMITTEE 2. C	Committee Name COMMIT	TEE TO ELEC,	T DAVIE	COZAL
This Schedule itemizes:	······································			
2 Debts and obligations owed by or forgiven the com	vnittee OR b. Deblock either a orb. Use only for the po	ts and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the co	mmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at clos of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes  Owed to or by:	4. Type: <u>LOAN</u>	\$		
DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	5. Date Debt Was Incurred:  6. Original Amount of Debt:  900.00	\$ \$ \$	s <u>Ø</u>	5 <u>900. 00</u>
If bank loan, name of endorser or guarantors		Amx	ount Endorsed: \$	
DAVID C. COZAD 2037 BRIAK DR. BAY CITY, MICHICAN 48706	4. Type: LOAN  5. Date Debt Was Incurred: 6/19/08  6. Original Amount of Debt: 5 500,00	\$\$\$\$	s_Ø	\$ 500.00
if bank loan, name of endorser or guarantor:		Am	ount Endorsed; \$	
Debt \$3 Corp? Yes Owed to or by:  DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	4. Type: LOAN  5. Date Debt Was Incurred:  7/25/08  6. Original Amount of Debt:  \$ 500.00	\$	\$	\$ <u>500.00</u>
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
, .		Page Subtotal (	Outstanding debt)	1,900.00
(Соп	nplete on last page of Schedule sh	Grand Total o owing amounts owed by or	fall Schedules 1E to the committee)	1,900.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page / of /